

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

Suzanne Kosmas

(b) Address (number and street)

257 Minorca Beach Way

(c) City, State and ZIP Code

New Smyrna Beach

FL

32169

☐ Check if address changed

2. Identification Number

H8FL24026

3. Is This Statement

☒ New (N)

OR

☐ Amended (A)

4. Party Affiliation

DEMOCRATIC PARTY

5. Office Sought

House

6. State &amp; District of Candidate

FL 24

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Kosmas for Congress

(b) Address (number and street)

PO Box 1547

(c) City, State and ZIP Code

New Smyrna Beach

FL

32170

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

### DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A

0.00

for the primary election, and

9B

0.00

for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate

Suzanne Kosmas

Date

02/25/2008

**NOTE:** Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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